

- ☐ New Enrollment
☐ Change
☐ Cancel

4P

MONROE COUNTY
QUALIFIED PRE-TAX PARKING/TRANSIT COMMUTE PROGRAM
2006 ENROLLMENT FORM

EMPLOYEE INFORMATION (Please Print)			
Employee Name:		Employee Social Security Number:	
Address:	City:	State:	Zipcode:
Email Address:	Home Telephone:	Work Telephone:	
Garage Most Often Used:	Address:	Card/Permit #:	

- ☐ **I ELECT** to enroll in the Qualified Pre-Tax Parking/Transit Commute Program and hereby authorize the following. I understand that:
- I will be paid from the reallocation account(s) upon submission of properly prepared claim forms. **All claims must be received by Health Economics Group, Inc. by December 5, 2006. After December 8, 2006, any remaining balance will be refunded and taxed in your December 22, 2006 paycheck.**
- ☐ **I ELECT** to have my Parking Reimbursement check direct deposited into my checking or savings account. (Attach the Direct Deposit Authorization Form)
- ☐ **I park at the Civic Center Garage, MAPCO or Sister Cities** and wish to have my payroll deduction paid directly to the garage on a monthly basis. Any increases in your monthly payment from the garage and/or parking lot, your pay period adjustments will be made accordingly. **Direct Pay Parking enrollment is a rollover from year to year. You do not have to reenroll if you participated in 2005.**

EMPLOYEE ELECTIONS						
<p style="text-align: center;">Unreimbursed Qualified Pre-Tax Parking/ Transit Commute Expenses</p> <p>Total Deducted from my salary for qualified pre-tax parking/transit commute expenses per month. The deduction will start the first of the following month in which the application is received.</p>	<p>\$ _____</p> <p>PER MONTH</p>	<p style="text-align: center; margin-bottom: 10px;">DO NOT WRITE IN THIS BOX</p> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Pay Period Start</td> <td style="width: 50%; text-align: center;">Per Pay Period</td> </tr> <tr> <td style="text-align: center;">____/____/____</td> <td style="text-align: center;">\$ _____</td> </tr> </table>	Pay Period Start	Per Pay Period	____/____/____	\$ _____
Pay Period Start	Per Pay Period					
____/____/____	\$ _____					

Employee Signature: _____ **Date:** _____

Please return this enrollment by December 2, 2005 to:

Human Resources, Room 210
County Office Building
39 West Main Street
Rochester, NY 14614